



Navigating Rural Health Resources

Phone number: 1-866-620-7326

Access code: 350-750-3156

Navigating Rural Health Resources Webinar



Highlight state and federal programs relevant to Kansas in hopes to connect our local providers and communities with useful resources and tools.

- KDHE Bureau of Health Promotion Arthritis Program
- National Rural Health Day 2020



Bureau of Health Promotion: Kansas Arthritis Program

Introductions



Lainey Faulkner, CPTA
Arthritis Program Manager
Bureau of Health Promotion
Kansas Department of Health and Environment

Mission: Through partnerships with the people of Kansas, promote healthy behaviors, policies and environmental changes that improve the quality of life and prevent chronic disease, injury and premature death.

Houses a variety of health promotion programs, including:

- Arthritis management – Kansas Arthritis Program
- Diabetes prevention and control
- Physical activity and nutrition
- Early detection and cancer control
- Injury and violence prevention

For more information, please visit www.kdheks.gov/bhp

Public Health Impact of Arthritis

- Arthritis is one of the major public health challenges in Kansas.



1 in 4
Kansas adults has diagnosed arthritis.¹
That's more than
500,000 people.

- Arthritis affects quality of life including work, household chores and engaging in social and recreational activities.

1 in 2 Kansas adults with arthritis is **limited in their usual activities** due to arthritis symptoms.¹



35%
report arthritis **affects their work**¹

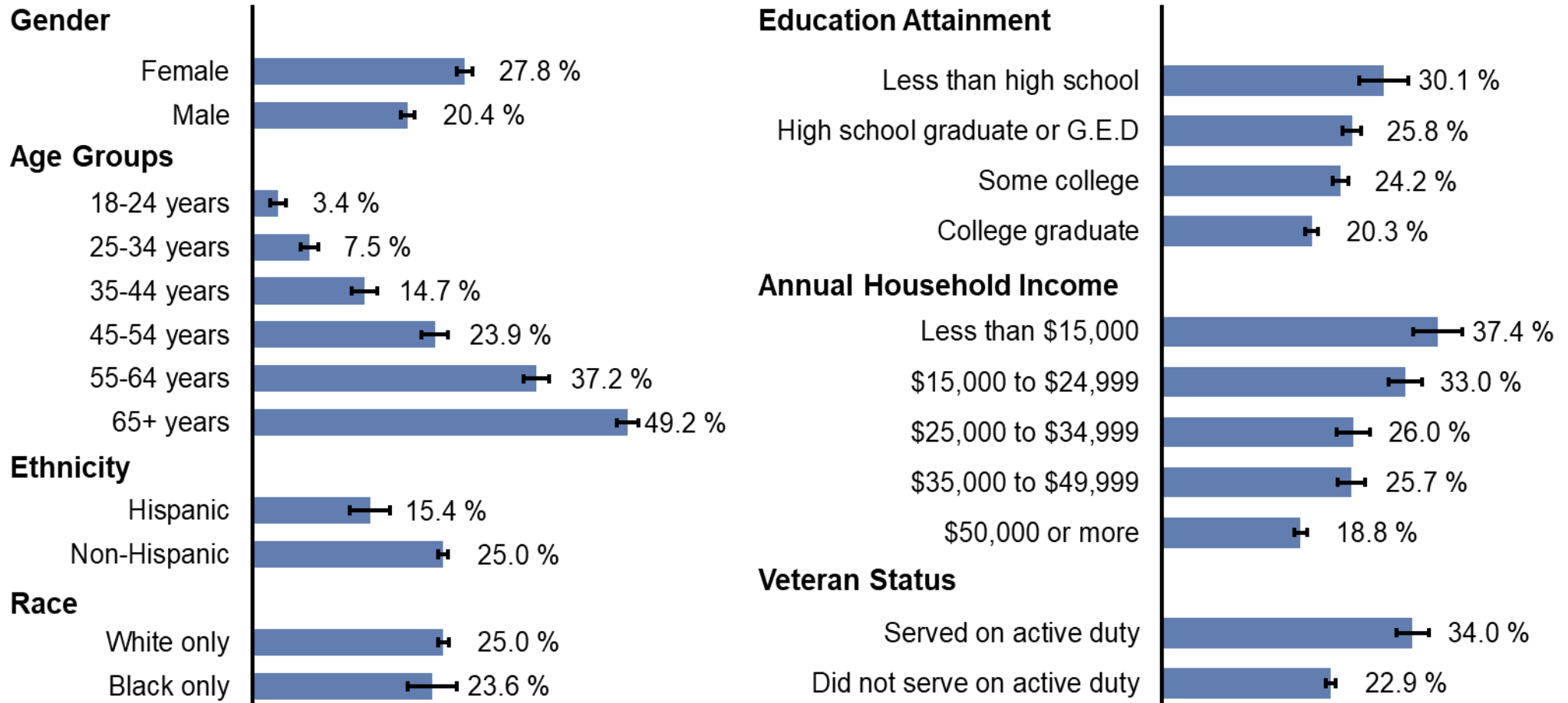


47%
report arthritis **affects their social activities**¹

- In 2013, the total arthritis-attributable medical care costs and earnings losses among adults with arthritis in the U.S. were \$303.5 billion.²

Arthritis Burden in Kansas by Sociodemographic Factors

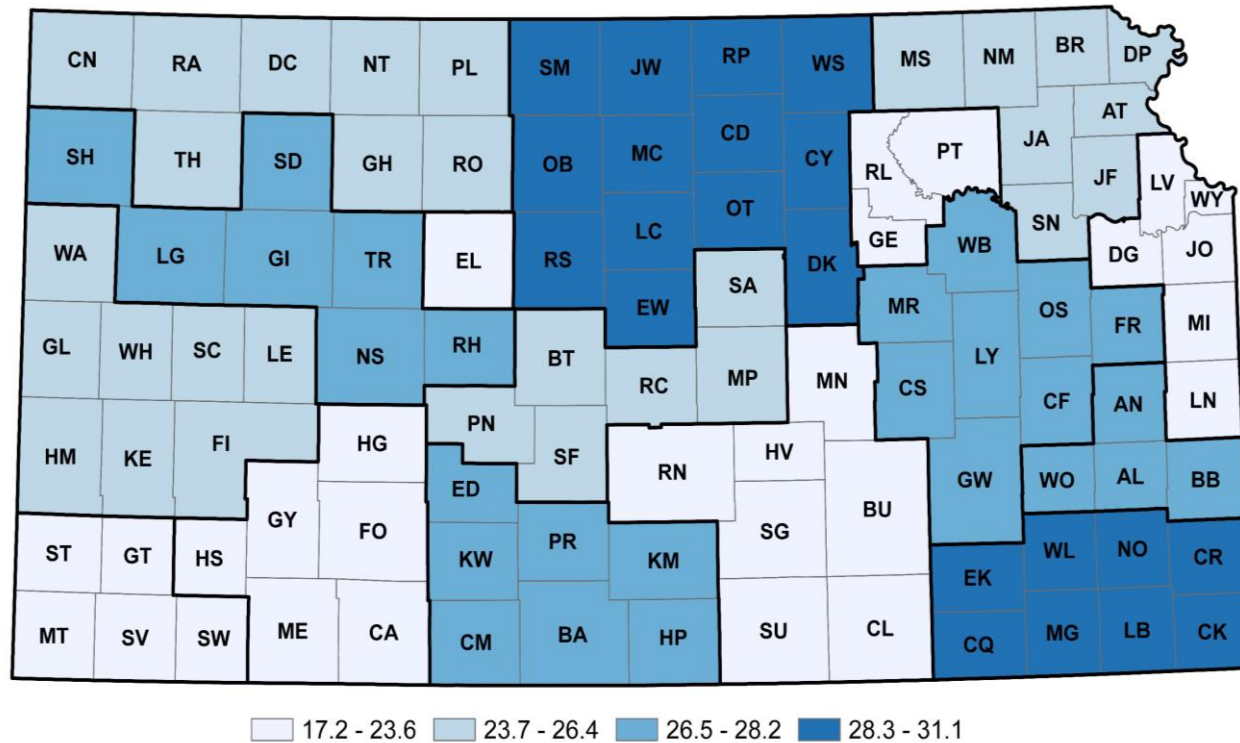
Percentage of Adults Ages 18 Years and Older with Diagnosed Arthritis, KS BRFSS 2017¹



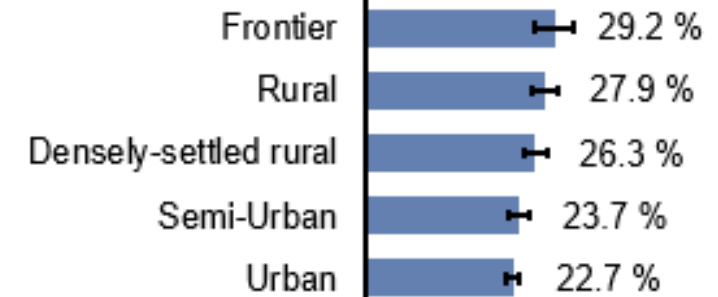
Arthritis Burden in Kansas by Other Factors

Percentage of Adults Ages 18 Years and Older with Diagnosed Arthritis, KS BRFSS 2017¹

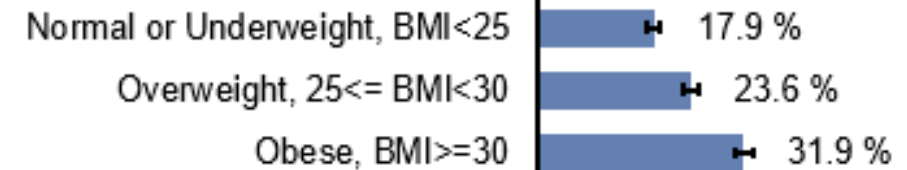
By Public Health Preparedness Regions



Population Density



Weight Status



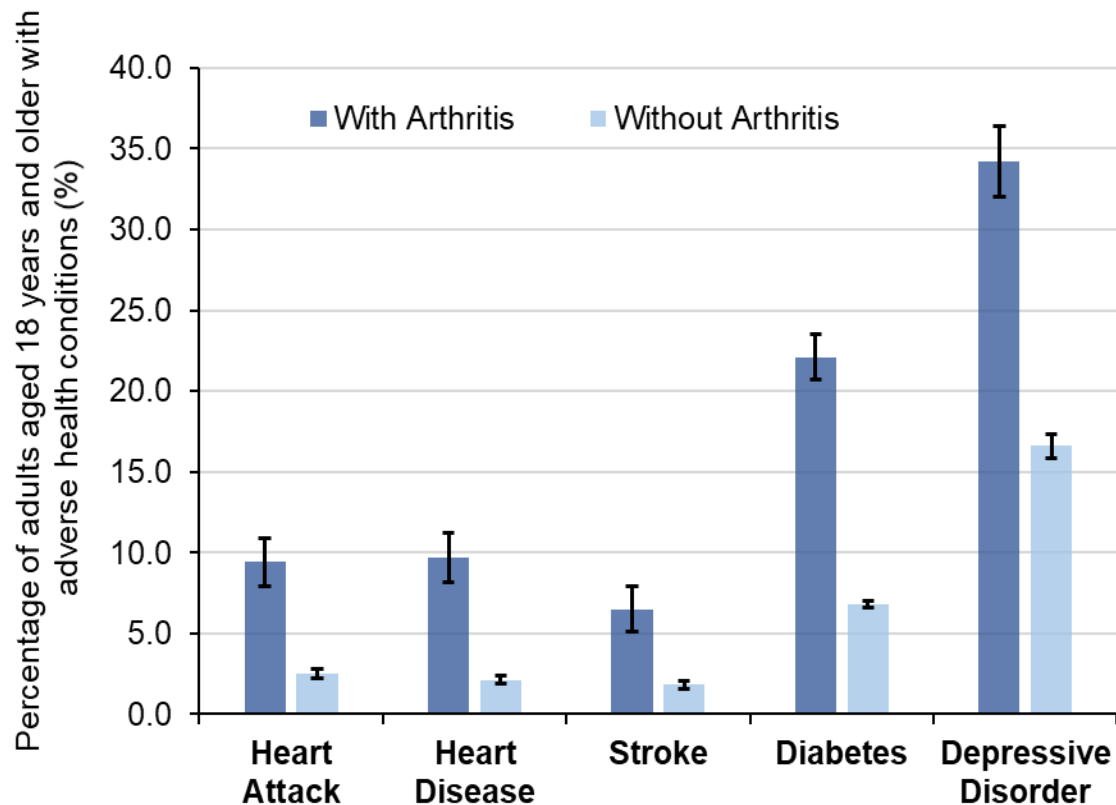
Disability Status*



* Living with a disability: Respondents who have at least one of the six disability types (hearing, vision, cognition, mobility, self-care, and/or independent living).

Arthritis Impact on Health and Quality of Life

Prevalence of Adverse Health Conditions among Adult Kansans With and Without Arthritis, 2017¹



Significantly higher proportion of Kansas adults with arthritis also experience other serious and chronic health conditions than those without arthritis.¹

79% of Kansas adults with arthritis have at least one other chronic health condition.^{1,*}

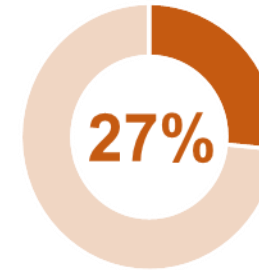
* Other chronic conditions = asthma, cancer, COPD, coronary heart disease, diabetes, heart attack, hypertension, kidney disease, stroke

Arthritis Impact on Health and Quality of Life

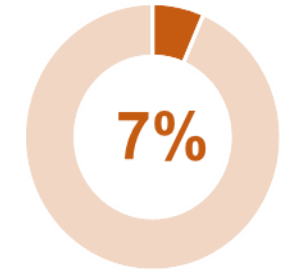
2017 KS BRFSS Quality of Life Indicators by Arthritis Status:

Percentage of Kansas adults whose **physical health** was **not good** on 14 or more days in the past 30 days

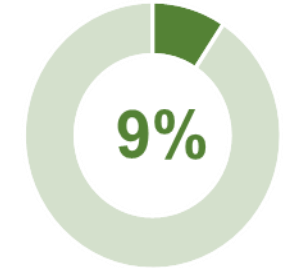
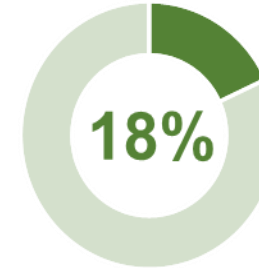
With arthritis



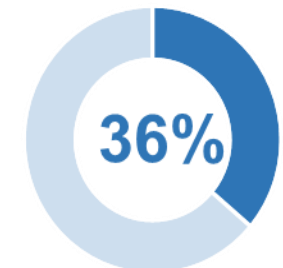
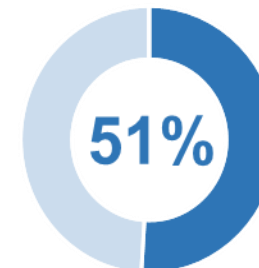
Without arthritis



Percentage of Kansas adults whose **mental health** was **not good** on 14 or more days in the past 30 days



Percentage of Kansas adults whose **poor physical** or **mental health** kept them from doing their usual activities, such as self-care, work, or recreation



Arthritis-Appropriate Evidence-Based Interventions

Key Guidelines for Adults¹

- At least 150 minutes (2 hours and 30 minutes) to 300 minutes (5 hours) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) to 150 minutes (2 hours and 30 minutes) a week of vigorous-intensity aerobic activity. Preferably aerobic activity should be spread throughout the week.
- Muscle-strengthening activities of moderate or greater intensity and that involve all major muscle groups on 2 or more days a week.

Physical activity participation among adult Kansans with diagnosed arthritis in 2017²

- 37% did not participate in any leisure time physical activity (other than their regular job).
- 87% did not participate in the recommended level of physical activity as suggested by the federal physical activity guidelines.

Chronic Disease Self-Management Program

- The Chronic Disease Self-Management Program (CDSMP) is an evidence-based self-management program originally developed at Stanford University that was designed to help people with chronic conditions better manage their health.
 - Small group, interactive workshops (up to 16 participants)
 - 1 session per week for 6 weeks
 - 2.5 hour sessions
- Topics covered will include:

Depression,
Frustration,
Fatigue, Pain

Exercise

Appropriate
Use of
Medications

Healthy Eating
Habits

Communication

- Enhance®Fitness (EF) is an evidence-based group exercise and falls prevention program designed to help older adults of all fitness levels become more active.
 - Small to medium group (up to 25 participants)
 - 3 times per week for 6 weeks
 - 1 hour class
 - Ongoing program
- EF has been proven to¹:
 - Decrease depression
 - Protect against falls and fall injury
 - Improve physical function
 - Decrease unplanned hospitalizations
 - Provide a social benefit
 - And more!

Among older adults who participate, health costs were lowered by close to **\$1,000** each year²

Walk With Ease

- Walk With Ease (WWE) is an evidence-based walking program developed by the Arthritis Foundation that was designed to encourage people with and without arthritis to get started walking and stay motivated to keep active.
- Group led:
 - Small groups (up to 15 participants)
 - 3 times per week for 6 weeks
 - 45 minutes to an hour (can vary based on participants activity level)
- Self-Directed:
 - 6 week program
 - Walk 3 times per week
 - Use Walk With Ease workbook

- CDC recommends counseling patients to be physically active¹.
 - Encourage physical activity
 - Encourage participation in Self-Management Education Workshops
 - Encourage Weight Management
- With counseling, **include referral to a community-based physical activity program or self-management education workshop** based on your patient's readiness.

Counsel and Referral in Kansas

Among adult Kansans with diagnosed arthritis¹:

- **57%** reported that their doctor or other health professionals suggested **physical activity or exercise** to help their arthritis or joint symptoms.
- **88%** have **never taken a class** to learn about managing arthritis symptoms.
- **36%** reported that their doctor or other health professionals suggested **losing weight** to help their arthritis or joint symptoms.

Counsel and Referral

- Many resources are available to assist with counsel and referral.
- Highlighted Resources:
 - CDC
 - Exercise is Medicine Health Care Providers' Action Guide
 - Osteoarthritis Action Alliance
 - Osteoarthritis Prevention & Management in Primary Care
 - Engaging Patients in OA Management Strategies

- Motivational Interviewing¹
 - Collaborative
 - Evocative
 - Honor the patient's autonomy

Table: Standard Approach v. Motivational Interviewing Example²

STANDARD APPROACH	MOTIVATIONAL INTERVIEWING	COMMENTS
As your healthcare professional, I really think that you should exercise on a daily basis.	What are your thoughts about exercising?	Focus is on client's concerns.
There are all kinds of ways you could exercise. You could walk, ride a bike, swim or go to a gym.	What kinds of activities do you enjoy?	Egalitarian partnership.
You say that you don't have time to exercise, but exercise is so important for your joints, you should make time for it.	You say that time is a barrier for you to exercise, what ideas do you have to fit physical activity into your daily routine?	Focus is on client's concerns. Match intervention to client's level of motivation.
I've written some goals for you about increasing your exercise.	Tell me what you would like to work on for the next three months.	Emphasis is on client personal choice. Goals are set collaboratively.
You say you want to be more active, yet you don't do the home exercise program I gave you. This tells me that you just are not interested.	Your ambivalence about exercise is normal. Tell me how you would like to move forward.	Ambivalence is a normal part of the change process.
<i>Ehrlich-Jones, L., Mallinson, T., Fischer, H., Bateman, J., Semanik, P. A., Spring, B., et.al(2010). Increasing physical activity in patients with arthritis: a tailored health promotion program. Chronic Illness, 6(4), 272-281. https://doi.org/10.1177/1742395309351243. Reprinted by Permission of SAGE Publications, Ltd.</i>		

- Physical Activity as a Vital Sign
- Assessment Tools¹
 - Physical Activity Vital Sign (PAVS)
 - Exercise Vital Sign (EVS)
 - Speedy Nutrition and Physical Activity Assessment (SNAP)
 - General Practice Physical Activity Questionnaire (GPPAQ)
 - Stanford Brief Activity Survey (SBAS)

EVS Questions:

1. On average, how many days per week do you engage in moderate to strenuous exercise (like a brisk walk)?
2. On average, how many minutes do you engage in exercise at this level?

Counsel and Referral

- 5 “A”s¹
 - Ask
 - Assess
 - Advise
 - Assist
 - Arrange



Physician or Advanced Practice Provider:

- Use the “5 As” approach: ask, assess, advise, assist and arrange to promote PA.
 - **Assess:** Review and comment on current PA level.
 - **Advise:** Provide positive reinforcement to patients meeting PA recommendations or offer brief advice and encouragement to those not meeting the guidelines.
 - **Assist:** Emphasize the benefits of PA that are particularly relevant given patient’s medical issues, concerns or preferences.
 - **Arrange:** Ask your clinical or medical assistant to provide information on clinical or community PA resources.
- Let the patient know that you will ask about their PA on the next visit. At minimum, they should be sitting less and moving more! ([“Sit Less. Move More.” handout](#))

- Readiness to Change
 - Precontemplation – Patient has no intention to be physically active¹
 - Contemplation – Patient knows they should exercise and is thinking about becoming physically active¹
 - Preparation - Patient is planning to become physically active in the near future¹
 - Action – Patient is meeting the physical activity guidelines but for less than 6 months¹
 - Maintenance – Patient is meeting the physical activity guidelines for the last 6 months or more⁵

- Finally, Refer!
 - Prescribe physical activity for your patients.
 - Physical or Occupational Therapy (as appropriate)
 - Self-Management or Physical Activity Program
- Provide your patient written or printed information
 - Prescription pad
 - Handout or Flyer
- Make the referral
 - Fax a referral for the program to contact the patient (with the patient's permission)
 - Call the program and refer the patient
 - Use your EHR or other referral system to complete the referral



- Find Classes to help you:
 - Manage chronic conditions
 - Get active
 - Gain Strength
 - Prevent Falls
- Classes include:
 - CDSMP, WWE, EF
 - NDPP, DSMES
 - Stepping On
 - And growing!
- www.SelfManageKS.org

Wrap Up

- Look for self-management and evidence-based physical activity programming in your area.
- Counsel patients about the importance of physical activity (especially patients with arthritis).
- Refer patients to appropriate programming!
- Utilize the resources that the Bureau of Health Promotion has available.

Walk Kansas

- March – May 2021 (Dates to come!)
- Team-based walking program
 - Groups of 6
 - Do not have to be located in the same area or even state
- Log Physical Activity
- Report Fruits and Vegetables
- <https://www.walkkansas.org/>



Breast & Cervical Cancer Screening

- The **Early Detection Works (EDW)** program offers health education, screening, diagnosis, & referral.
- Eligibility guidelines can be found here:
<https://www.kdheks.gov/edw/> or by calling **1-877-277-1368**
- Screening Services may include:
 - clinical breast exam by a clinician
 - mammogram
 - Pap test
 - HPV test
- If a screening test shows a problem, Early Detection Works will pay for most follow-up tests to find out if you have cancer or a pre-cancerous condition. The health care provider will work with you to make follow-up appointments.
- Women who are Kansas residents and diagnosed with breast or cervical cancer through this program may be eligible for referral to KanCare (Kansas Medicaid). Other treatment options may be available for women not eligible for KanCare.



Kansas Community Health Worker Coalition (KCHWC)

- **Mission:** Kansas community workers collaborating to achieve health equity through education, empowerment, and advocacy.
- **Vision:** Health equity for all Kansans.
- Kansas-specific CHW core competencies and scope of practice adopted
- Executive, Education, Advocacy, Sustainability and Symposium Committees
- Current projects: CHW hybrid virtual & service learning education pilot, CHW Certification Taskforce, CHW registry with resources and CHW service area map.
- Please visit www.kschw.org for more information.



Questions?



Thank you!

Contact information:

Lainey Faulkner

Arthritis Program Manager

Kansas Department of Health and
Environment

Email: lainey.faulkner@ks.gov

Phone: 785-296-1627



1. U.S. Department of Health and Human Services. *Physical Activity Guidelines for Americans, 2nd edition*. Washington, DC: U.S. Department of Health and Human Services; 2018.
https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf. Accessed on March 3, 2020.
2. EnhanceFitness. What is Enhance®Fitness? Projectenhance.org.
<https://projectenhance.org/enhancefitness/>. Accessed October 14, 2019.
3. The YMCA. Enhance®Fitness. Ymca.net. <https://www.ymca.net/enhancefitness>. Accessed October 14, 2019.
4. Centers for Disease Control and Prevention. Information for Health Care Providers. Cdc.gov.
<https://www.cdc.gov/arthritis/healthcare/index.html>. Accessed on 1/2/2020.
5. Osteoarthritis Action Alliance. Engaging Patients in OA Management Strategies. Osteoarthritis Action Alliance. <https://oaaction.unc.edu/oa-module/communicating-with-patients/>. 2020. Accessed February 19, 2020.
6. Exercise is Medicine. Health Care Providers' Action Guide. Exercise is Medicine: American College of Sports Medicine. 2019.
https://www.exerciseismedicine.org/assets/page_documents/EIM%20Health%20Care%20Providers%20Action%20Guide%20clickable%20links.pdf. Accessed on February 19, 2020.

- KDHE Arthritis Program – www.kdhes.ks.gov/arthritis
- CDC Resources
 - <https://www.cdc.gov/arthritis/healthcare/index.html>
 - <https://www.cdc.gov/arthritis/interventions/index.htm>
- Exercise is Medicine
 - https://www.exerciseismedicine.org/support_page.php/health-care-providers/
 - https://www.exerciseismedicine.org/assets/page_documents/EIM%20Health%20Care%20Providers%20Action%20Guide%20clickable%20links.pdf
- Osteoarthritis Action Alliance
 - <https://oaaction.unc.edu/resource-library/modules/>
 - <https://oaaction.unc.edu/oa-module/communicating-with-patients/>

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National Rural Health Day – November 19, 2020



What is National Rural Health Day (NRHD)?

Annual opportunity to celebrate the #powerofrural:

- Honor the selfless, community-minded, “can do” spirit that prevails in rural America
- Bring to light the unique healthcare challenges that rural citizens face
- Showcase the efforts of rural healthcare providers, State Offices of Rural Health and other rural stakeholders to address those challenges



Community Stars Recognition Program

- A collection of stories of those who are making a positive impact on their communities in several vital health-related areas.
- Eligible and selected nominees are proudly featured in the eBook that is created and shared widely beginning on NRHD and throughout the year.
- Nominations for 2020 have closed.
- [Click here](#) to view the 2019 Community Stars!



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Pledge to Partner: Transform a Day into a Movement!



Collaborate | Communicate | Educate | Innovate

#powerofrural

Kansas Partners:

Barton County Health Department
Cheyenne County Hospital
Clay County Medical Center
Cloud County Health Department
Cunningham Clinic
Edwards County Hospital and Healthcare Center
The Family Physicians
Greeley County Health Services
Holton Community Hospital
Kansas Office of Primary Care and Rural Health
Kearny County Wellness Coalition
Meade District Hospital
Medical Heights Medical Center
Pratt Regional Medical Center
Premier Specialty Network
Thomas County Health Department
Thrive Allen County



Together we can make a greater impact! [Click here](#) to take the pledge.

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Ways to Celebrate

Here are some ways you can celebrate National Rural Health Day.



Parents & Guardians

- Involve the family in preparing a healthy meal and share it on social media
- Talk with your kids about ways to get active and stay healthy in rural places
- Download the National Rural Health Day coloring book for a fun day of coloring. Take a picture and post on social media with the #powerofrural



Patients

- Write a note to your healthcare team thanking them for their help and their commitment to serving a rural population
- Record a "Why I'm grateful for my rural health provider" video and post it on social
- Make an "I Love Rural Health Heroes" face covering and snap a photo



Individuals

- Commit to at least ONE healthy activity!
 - » Skip the sweets and opt for vegetables
 - » Bike instead of drive
 - » Quit smoking
 - » Volunteer to make your community healthier
- Plant a tree in honor of a rural health hero
- Write a letter to the editor or contact policymakers to stress the importance of addressing the health needs of rural communities

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Ways to Celebrate



Health Partners

- Show appreciation to your local rural health professionals by providing them with discounts or special offers
- Launch a community-wide project to make face coverings that read, #PowerofRural or "I ♥ Rural Health"



Hospitals & Rural Health Providers

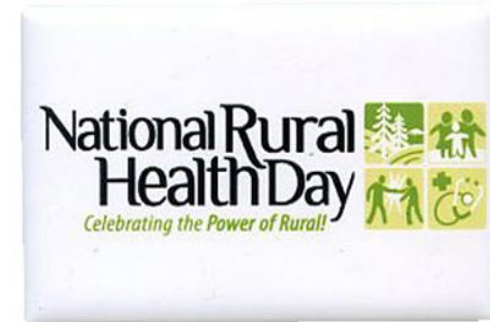
- Display National Rural Health Day posters in your office
- Provide a staff appreciation lunch
- Wear a National Rural Health Day t-shirt to work
- Honor your staff/volunteers on social media
- Distribute NRHD swag (shirts, buttons, etc) to staff
- Share data about your rural facility or community
- Lead and facilitate a discussion on health equity and what it means to your facility/community



Download Tools & Resources: Visit powerofrural.org/nrhd-toolkit

Order Swag

[Click here](#) to shop and place your order by October 21, 2019.



Walk With A Doc <https://youtu.be/3bPZDaNT3b4>

- Founded in 2005 by Dr. David Sabgir, a cardiologist from Columbus, Ohio, frustrated with his inability to affect behavior change in the clinical setting
- Dr. Sabgir invited his patients to go for a walk with him in a local park
- Over 100 people walked
- Word spread! Today, 375 chapters across the U.S. and in 20 countries



Last Year



Our Plans for 2020

- Virtual Walk With A Doc
- Rural Photography Contest

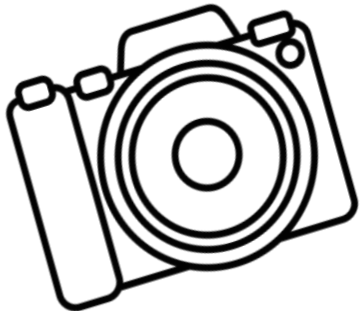
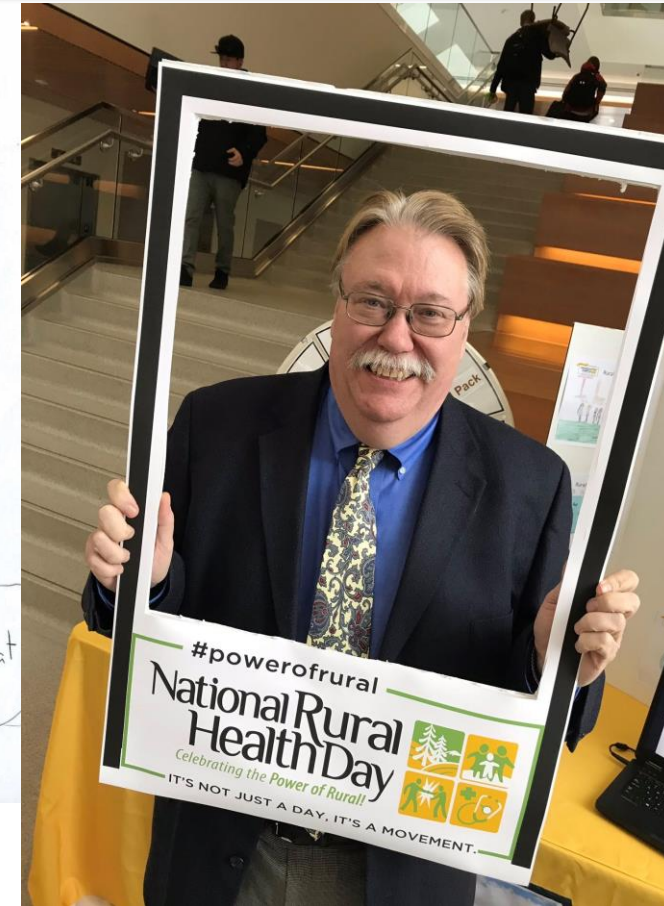


Like/follow KDHE on Facebook and Instagram

Stay tuned to our newsletter for more details!



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Send us photos of your National Rural Health Day celebration!

kdhe.ruralhealth@ks.gov

Thank you/Questions



For more information about National Rural Health Day, visit www.powerofrural.org!

Navigating Rural Health Resources Webinar

Contact Information

Webpage: <https://www.kdheks.gov/olrh/rural.html>

Office emails: kdhe.ruralhealth@ks.gov or kdhe.primarycare@ks.gov

Amy Swanson, Director
Amy.S.Swanson@ks.gov
785-296-8113

Caroline Wroczynski
Caroline.Wroczynski@ks.gov
785-291-3796

Amber Kelly
Amber.Kelly@ks.gov
785-291-3819

Joshua Koger
Joshua.Koger@ks.gov
785-296-3380

Ashley Wallace
Ashley.Wallace@ks.gov
785-296-5751